FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL DECEMBER 31, 2017 AND 2016

CONTENTS

	Page
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS STATEMENTS OF NET POSITION STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION STATEMENTS OF CASH FLOWS NOTES TO FINANCIAL STATEMENTS	4 5 6 8
SUPPLEMENTARY INFORMATION SCHEDULE OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE - BUDGET AND ACTUAL - BUDGETARY BASIS - OPERATION	
AND MAINTENANCE FUND	20
SCHEDULE OF PATIENT SERVICE REVENUE - DECEMBER 31, 2017	21
SCHEDULE OF PATIENT SERVICE REVENUE - DECEMBER 31, 2016 SCHEDULE OF OPERATING EXPENSES BY FUNCTIONAL DIVISION -	22
DECEMBER 31, 2017 SCHEDULE OF OPERATING EXPENSES BY FUNCTIONAL DIVISION -	23
DECEMBER 31, 2016	24



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Board of Trustees
Washington County Hospital District No. 1
d/b/a Hanover Hospital

We have audited the accompanying financial statements of the business-type activity of Washington County Hospital District No. 1 d/b/a Hanover Hospital (the Hospital), as of and for the years ended December 31, 2017 and 2016, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the Kansas Municipal Audit and Accounting Guide. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Except for the matter described in the "Basis for Disclaimer of Opinion on the Discretely Presented Component Unit" paragraph, we believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Disclaimer of Opinion on the Discretely Presented Component Unit

The financial statements of the discretely presented component unit, Washington County Health Care Foundation (the Foundation), have not been audited, and we were not engaged to audit the Foundation's financial statements as part of our audit of the Hospital's basic financial statements. The Foundation's financial activities are included in the Hospital's financial statements as the only discretely presented component unit.

Disclaimer of Opinion

Because of the significance of the matter described in the "Basis for Disclaimer of Opinion on the Discretely Presented Component Unit" paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements of the discretely presented component unit of Washington County Hospital District No. 1 d/b/a Hanover Hospital. Accordingly, we do not express an opinion on these financial statements.

Unmodified Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of Washington County Hospital District No. 1 d/b/a Hanover Hospital, as of December 31, 2017 and 2016, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Uncertainty Regarding Going Concern

The accompanying financial statements have been prepared assuming that the Hospital will continue as a going concern. As discussed in Note B to the financial statements, the Hospital's history of operating losses and decreases in net position and minimal days cash on hand; raises substantial doubt about its ability to continue as a going concern. Management's plans regarding those matters are described in Note B. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

Management has omitted a management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Washington County Hospital District No. 1 d/b/a Hanover Hospital basic financial statements. The supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements

and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Wendling Noe Nelson: Johnson LLC

Topeka, Kansas June 15, 2018 FINANCIAL STATEMENTS

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL STATEMENTS OF NET POSITION December 31,

ASSETS

		2017			2016			
	Ī	<u>Hospital</u>		mponent unit	H	<u>lospital</u>		naudited) omponent unit
CURRENT ASSETS Cash Patient accounts receivable, net of allowance for uncollectible accounts	\$	153,894	\$	61,435	\$	133,792	\$	25,655
of \$399,100 in 2017 and \$509,000 in 2016 Estimated third-party payor settlements		587,663				589,630 140,227		
Property taxes receivable Inventories Prepaid expenses	-	85,559 161,974 34,522				83,662 137,089 13,151		
Total current assets	_1	,023,612		61,435	_1	,097,551	_	25,655
ASSETS LIMITED AS TO USE Board-designated assets		25 001						
board-designated assets		35,801			-	10,960		
CAPITAL ASSETS - NET	_	374,295				358,563		
TOTAL ASSETS	\$1	,433,708	\$	61,435	\$1,	467,074	\$	25,655

LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION

	2017		20	2016		
		(Unaudited) Component	2000	(Unaudited) Component		
	<u>Hospital</u>	<u>unit</u>	<u>Hospital</u>	<u>unit</u>		
CURRENT LIABILITIES						
Current maturities of long-term						
obligations	\$ 62,374	\$ -	\$ 45,000	\$ -		
Accounts payable	190,204		228,681			
Accrued salaries, wages, and benefits	205,617		204,040			
Accrued vacation pay	112,368		93,537			
Estimated third-party payor settlements	122,813	-				
Total current liabilities	693,376		571,258			
LONG-TERM OBLIGATIONS, less current						
maturities	47,416	; 	55,000			
Total liabilities	740,792		626,258			
DEFERRED INFLOWS OF RESOURCES						
Deferred property tax revenue	85,559		83,662			
Total deferred inflows of						
resources	85,559		83,662			
NET POSITION						
Net investment in capital assets	319,504		358,563			
Unrestricted	287,853	61,435	398,591	25,655		
OHIESCLICCEG						
Total net position	607,357	61,435	757,154	25,655		
TOTAL LIABILITIES, DEFERRED INFLOWS OF						
RESOURCES, AND NET POSITION	\$1,433,708	\$ 61,435	\$1,467,074	\$ 25,655		

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 $D/B/A \ \ \ \ \, D/B/A \ \ \ \ \, HANOVER \ \ \ \ \, HOSPITAL$ STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION Year ended December 31,

	20	17	2016		
		(Unaudited) Component	Warniba?	(Unaudited) Component unit	
	<u>Hospital</u>	<u>unit</u>	<u>Hospital</u>	unit	
Operating revenues					
Net patient service revenue	\$3,688,915	\$ -	\$3,498,716	\$ -	
Ambulance subsidy	35,556	4	33,540		
Ambulance subsidy					
Total operating revenues	3,724,471		3,532,256		
Operating expenses					
Salaries and wages	2,120,778		2,148,933		
Employee benefits	424,126		443,899		
Supplies and other	1,389,408	2,460	1,212,920	103,500	
Depreciation and amortization	65,255		88,421		
Depression and amoralist				,	
Total operating expenses	3,999,567	2,460	3,894,173	103,500	
Operating loss	(275,096)	(2,460)	(361,917)	(103,500)	
operating ross					
Nonoperating revenues (expenses)					
Property taxes	91,676		88,465	¥	
Noncapital contributions and grants	16,651	38,160	117,066	111,033	
Investment income	879	80	311	24	
Interest expense	(4,596)		(290)		
Other	20,689	V 	14,881		
Nonoperating revenues (expenses)	125,299	38,240	220,433	111,057	
and the second s	(149,797)	35,780	(141,484)	7,557	
Change in net position		25,655	898,638	18,098	
Net position at beginning of year	757,154				
Net position at end of year	\$ 607,357	\$ 61,435	\$ 757,154	\$ 25,655	

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL STATEMENTS OF CASH FLOWS Year ended December 31,

	2017		20	16
	Hospital	(Unaudited) Component unit	Hospital	(Unaudited) Component unit
Cash flows from operating activities Receipts from and on behalf of patients Payments to or on behalf of employees	\$3,953,922 (2,524,496)	\$ -	\$3,335,516 (2,619,519)	\$ -
Payments to suppliers Other receipts and payments	(1,474,141) 35,556	(2,460)	(1,167,281)	(103,500)
Net cash used by operating activities	(9,159)	(2,460)	(417,744)	(103,500)
Cash flows from noncapital financing activities				
Property taxes Noncapital contributions and grants Issuance of note payable Payments on note payable Issuance of loan payable	91,676 16,651	38,160	88,465 117,066 100,000 (100,000) 100,000	111,033
Payments on loan payable Interest paid Other nonoperating receipts	(45,000) (1,156) 20,689	80	(290) 14,881	24
Net cash provided by noncapital financing activities	82,860	38,240	320,122	111,057
Cash flows from capital and related financing activities Purchase of capital assets Payments on capital lease obligations Interest paid	(20,431) (5,766) (3,440)		(11,882)	
Net cash used by capital and related financing activities	(29,637)		(11,882)	
Cash flows from investing activities Investment income	879		311	
Net cash provided by investing activities	879		311	
Net change in cash Cash at beginning of year	44,943 144,752	35,780 25,655	(109,193) 253,945	7,557 18,098
Cash at end of year	\$ 189,695	\$ 61,435	\$ 144,752	\$ 25,655

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL STATEMENTS OF CASH FLOWS - CONTINUED Year ended December 31,

	2017		20	16
		(Unaudited)		(Unaudited)
		Component		Component
	<u>Hospital</u>	<u>unit</u>	<u>Hospital</u>	unit
Reconciliation of cash				
Cash	\$ 153,894	\$ 61,435	\$ 133,792	\$ 25,655
Cash included in board-designated assets limited as to use	35,801		10,960	-
Total cash	\$ 189,695	\$ 61,435	\$ 144,752	\$ 25,655
Reconciliation of operating loss to net cash used by operating activities				
Operating loss	\$ (275,096)	\$ (2,460)	\$ (361,917)	\$ (103,500)
Adjustments to reconcile operating				
loss to net cash used by operating				
activities				
Depreciation and amortization	65,255		88,421	
Provision for bad debts, net	(17,374)		70,629	
Changes in				
Patient accounts receivable Estimated third-party payor	19,341		(150,394)	
settlements	263,040		(83,435)	
Inventories and prepaid				
expenses	(46,256)		6,284	
Accounts payable	(38,477)		39,355	
Accrued salaries and wages	1,577		2,617	
Accrued vacation pay	18,831		(29,304)	
Net cash used by operating				
activities	\$ (9,159)	\$ (2,460)	\$ (417,744)	\$ (103,500)
Supplemental cash flows information	g 1200 12000010			4
Capital lease obligations incurred	\$ 60,556	\$ -	\$ -	> -

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1

D/B/A HANOVER HOSPITAL

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Reporting entity

Washington County Hospital District No. 1 d/b/a Hanover Hospital (the Hospital), is a political subdivision of the state of Kansas and is governed by a Board of Trustees. The Hospital provides acute inpatient, outpatient, and swing-bed services.

The component unit discussed in Note A2 is included in the Hospital's reporting entity because of the nature and significance of its relationship with the Hospital.

2. Component unit

The financial statements include the unaudited financial data of the discretely presented component unit described below. The component unit is reported separately to emphasize that it is legally separate from the Hospital.

Washington County Health Care Foundation (the Foundation), is a not-for-profit corporation formed in March of 1994 to develop support for the delivery of hospital services, health care, diagnosis and treatment, health related education, and to support efforts by the Hospital, the City of Hanover, or Washington County to recruit physicians to serve the community. The Foundation is administered by a Board of Directors. The Hospital does not appoint members to the Board of Directors.

3. Basis of accounting

The Hospital and its component unit use enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

4. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

5. Cash

The Hospital and its component unit consider all cash and invested cash to be cash for the statements of cash flows. This represents an accounting policy change since previously none of the cash included in assets limited as to use were considered to be cash for the statements of cash flows. Comparative financial statements of prior years have been restated to reflect this change. This restatement had no effect on previously reported net position or the change in net position of the Hospital.

December 31, 2017 and 2016

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

6. Property taxes

The Hospital receives financial support from property taxes. Property taxes are levied in November of each year and are received by the Hospital in the following year. Property tax revenue is recognized in full the year following the year that the taxes were levied, which is the year in which use is first permitted.

7. Patient accounts receivable

The Hospital provides for patient accounts receivable that could become uncollectible in the future by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable value. The Hospital estimates this allowance based on the aging of its accounts receivable and its historical collection experience for each type of payor.

8. Inventories

Inventories are stated at the lower of cost or market as determined on the first-in, first-out method.

9. Capital assets

Capital assets are stated at cost. Depreciation and amortization of capital assets is provided on the straight-line method over the estimated useful lives of the assets. The estimated lives used are generally in accordance with the guidelines established by the American Hospital Association.

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. Gains and losses on disposition of capital assets are included in nonoperating revenues and expenses.

10. Deferred inflows of resources

Deferred inflows of resources represent an acquisition of net position applicable to a future period and so will not be recognized as a revenue or gain until then.

11. Net position

Net position of the Hospital and its component unit is classified in two components. "Net investment in capital assets" consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. "Unrestricted net position" is the remaining net position that does not meet the definition of "net investment in capital assets."

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

12. Grants and contributions

From time to time, the Hospital receives grants and contributions from government agencies, private organizations, and individuals. Revenues from grants and contributions are recognized when all eligibility requirements, including any time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenue. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

13. Operating revenues and expenses

The statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

14. Net patient service revenue

Net patient service revenue is reported at established charges with deductions for discounts, the provision for bad debts, and contractual adjustments, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

15. Income taxes

The Hospital is exempt from federal income taxes pursuant to Section 115 of the Internal Revenue Code.

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code.

16. Subsequent events

The Hospital and its component unit have evaluated subsequent events through the date of the independent certified public accountants' report, which is the date the financial statements were available to be issued.

NOTE B - REALIZATION OF ASSETS

The accompanying financial statements have been prepared in conformity with generally accepted accounting principles, which contemplate continuation of the Hospital as a going concern. The Hospital incurred operating losses of \$275,096 and \$361,917 during the years ended December 31, 2017 and 2016, respectively. Total net position decreased by \$149,797 and \$141,484 during 2017 and 2016, respectively. The Hospital's liquidity position remains challenging with days cash on hand at 18 days at December 31, 2017.

In view of the matter described in the preceding paragraph, recoverability of a major portion of the recorded asset amounts shown in the accompanying statement of net position is dependent upon continued operations of the Hospital which, in turn, is dependent upon the Hospital's ability to meet its financing requirements on a continuing basis, to maintain present financing, and to succeed in its future operations. The financial statements do not include any adjustments relating to the recoverability of recorded asset amounts or amounts and classifications of liabilities that might be necessary should the Hospital be unable to continue in existence.

The Hospital administration recognizes the issues with accumulating ongoing decreases in net position. Immediate plans include:

- Implementing a new computer system that will improve the Hospital's charting and billing processes.
- Fundraising by the Foundation to be used for capital needs and operations of the Hospital.
- Increased cash flow is expected from the decrease in the Medicare swingbed nursing facility carve out rate in 2018, which results in higher allowable costs for reimbursement from Medicare.
- Adding additional revenue by providing CAT scan services at the hospital beginning in 2018.

Management believes that the actions taken will enable the Hospital to generate sufficient cash flows to sustain operations.

NOTE C - NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established charge rates. The amounts reported on the statements of net position as estimated third-party payor settlements consist of the estimated differences between the contractual amounts for providing covered services and the interim payments received for those services. A summary of the payment arrangements with major third-party payors follows:

Medicare - The Hospital is a critical access hospital for purposes of the Medicare program and is paid for services rendered to Medicare beneficiaries under various cost reimbursement methodologies. The Hospital is paid for cost reimbursable items at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits or reviews thereof by the Medicare administrative contractor. The Hospital's classification of patients under the Medicare

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1

D/B/A HANOVER HOSPITAL

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2017 and 2016

NOTE C - NET PATIENT SERVICE REVENUE - Continued

program and the appropriateness of their admission are subject to an independent review by a peer review organization. The Hospital's Medicare cost reports have been audited or reviewed by the Medicare administrative contractor through December 31, 2016.

Medicaid - Hospital services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Nursing facility services are paid at prospectively determined per diem rates set annually on the basis of cost information from preceding calendar years.

Blue Cross and Blue Shield - All services rendered to patients who are insured by Blue Cross and Blue Shield are paid on the basis of prospectively determined rates per discharge or discounts from established charges.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

A summary of gross and net patient service revenue follows:

*	2017	2016
Gross patient service revenue Contractual adjustments Provision for/recovery of bad debts	\$4,986,065 (1,314,524) 17,374	\$4,400,616 (831,271) (70,629)
Net patient service revenue	\$3,688,915	\$3,498,716

Revenue from the Medicare and Medicaid programs accounted for approximately 59 percent and 4 percent, and 61 percent and 7 percent of the Hospital's net patient service revenue during 2017 and 2016, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term.

NOTE D - ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

The Hospital accrues interest finance charges on patient accounts receivable sent to collections. The annual interest rate of 10 percent is applied on a monthly, prorated basis. Interest amounts are included in patient accounts receivable, but are taken into consideration in the calculation of the allowance for uncollectible accounts. The Hospital's allowance for doubtful accounts was 96 percent and 94 percent of self-pay accounts receivable at June 30, 2017 and June 30, 2016, respectively. The Hospital's net bad debt write-offs were \$119,355 and \$1,953 for the years ended June 30, 2017 and June 30, 2016, respectively.

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1

D/B/A HANOVER HOSPITAL

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2017 and 2016

NOTE E - ASSETS LIMITED AS TO USE

Assets limited as to use consist of assets designated by the Board of Trustees to be used for the operating expenditures and capital asset replacement or acquisition for ambulance services. These assets may be used for other purposes at the discretion of the Board of Trustees and were invested in cash at December 31, 2017 and 2016.

NOTE F - DEPOSITS WITH FINANCIAL INSTITUTIONS

Kansas statutes authorize the Hospital, with certain restrictions, to deposit or invest in open accounts, time deposits, certificates of deposit, repurchase agreements, the State Treasurer's municipal investment pool, and U.S. Treasury bills and notes. Kansas statutes also require that collateral be pledged for bank deposits with a fair market value equal to 100 percent of the uninsured amounts and must be assigned for the benefit of the Hospital.

At December 31, 2017, the carrying amount of the Hospital's bank deposits was \$189,675 and the bank balances were \$181,378. Of the bank balances, the entire amount was covered by federal depository insurance.

The Hospital's bank deposits are included in the Hospital's financial statements under the following categories:

Total bank deposits	\$	189,675
Board-designated assets		35,801
Assets limited as to use	Ş	153,874
Cash	Ċ	153 8

NOTE G - CAPITAL ASSETS

Capital asset additions, retirements, and balances are as follows:

	2017				
	Beginning	ng Additions/		Ending	
	<u>balance</u>	transfers	Retirements	<u>balance</u>	
Land Land improvements Buildings Fixed equipment Major movable equipment	\$ 14,229 33,945 1,176,676 608,789 1,165,073	\$ - 14,145 61,657	39,451	\$ 14,229 33,945 1,176,676 622,934 1,187,279	
Totals at historical cost	2,998,712	75,802	39,451	3,035,063	
Less accumulated depreciation Land improvements Buildings Fixed equipment Major movable equipment	30,326 1,011,919 481,742 1,119,044	708 18,276 22,500 23,771	39,451	31,034 1,030,195 504,242 1,103,364	
	2,643,031	65,255	39,451	2,668,835	
Construction in progress	355,681 2,882	10,547 5,185	-	366,228 8,067	
Capital assets, net	\$ 358,563	\$ 15,732	\$ -	\$ 374,295	
	Beginning	20 Additions/		Ending	
	balance	transfers	Retirements	balance	
Land Land improvements Buildings Fixed equipment Major movable equipment	\$ 14,229 33,945 1,176,676 608,789 1,156,073	9,000	\$ -	\$ 14,229 33,945 1,176,676 608,789 1,165,073	
Totals at historical cost	2,989,712	9,000		2,998,712	
Less accumulated depreciation Land improvements Buildings Fixed equipment Major movable equipment	29,619 993,318 440,481 1,091,192 2,554,610	707 18,601 41,261 27,852		30,326 1,011,919 481,742 1,119,044 2,643,031	
	435,102	(79,421)	-	355,681	
Construciton in progress	***************************************	2,882		2,882	
Capital assets, net	\$ 435,102	\$ (76,539)	\$ -	\$ 358,563	

NOTE H - LONG-TERM OBLIGATIONS

Long-term obligations are summarized as follows:

	2017	2016
Noninterest bearing loan from an individual in the original amount of \$100,000; due in equal monthly payments of \$5,000, ending November 2018	\$ 55,000	\$ 100,000
Capital lease obligation, imputed interest rate of 6.95%, collateralized by leased equipment with an amortized cost of \$55,491		
at December 31, 2017	54,790	
Less current maturities	109,790 62,374	100,000 45,000
Long-term obligations, excluding current maturities	\$ 47,416	\$ 55,000
The following is a summary of changes in long-term	obligations:	
Outstanding at January 1, 2016 Proceeds from promissory note payable to bank Principal payments on promissory note payable to Proceeds from loan payable	bank	\$ - 100,000 (100,000) 100,000
Outstanding at December 31, 2016 Capital lease obligation incurred Principal payments on loan payable Principal payments on capital lease obligation		100,000 60,556 (45,000) (5,766)
Outstanding at December 31, 2017		\$ 109,790

On July 19, 2016, the Hospital signed a promissory note to borrow \$100,000 from a local bank. The note was at an interest rate of 4.9 percent with principal and interest due upon maturity on November 1, 2016. Upon maturity, the note principal and interest was paid off by the Chief Medical Officer of the Hospital. The Hospital and the Chief Medical Officer entered into a verbal agreement for the repayment of the \$100,000 loan with no interest. The repayment of the loan will be made in 20 equal installments of \$5,000 each from April 2017 through November 2018.

Scheduled annual debt service requirements on the loan payable are as follows:

	Principal	Interest	Total
2018	\$ 55,000	\$ -	\$ 55,000
	\$ 55,000	\$ -	\$ 55,000

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2017 and 2016

NOTE H - LONG-TERM OBLIGATIONS - Continued

The following is a yearly schedule of future minimum lease payments under capital leases as of December 31, 2017:

	Princip	al Interes	<u>Total</u>
2018	\$ 7,3	74 \$ 3,57	6 \$ 10,950
2019	7,9	03 3,04	7 10,950
2020	8,4	70 2,48	0 10,950
2021	9,0	78 1,87	2 10,950
2022	9,7	29 1,22	1 10,950
2023-2024	12,2	3653	12,774
	\$ 54,7	90 \$ 12,73	\$ 67,524

NOTE I - CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows:

	2017	2016
Medicare	43%	26%
Medicaid	3	4
Blue Cross	5	5
Other third-party payors	15	19
Patients	34	46
	100%	100%

NOTE J - RELATED PARTY TRANSACTIONS

During 2017 and 2016, the Hospital received \$2,460 and \$103,500 from the Foundation for the funding of general operations, respectively.

The Hospital purchases pharmaceuticals from a local pharmacy that is owned by a member of the Hospital's Board of Trustees. In addition, the board member provides pharmacy services to the Hospital. Approximately \$231,000 and \$209,000 was recognized as expense related to these goods and services during 2017 and 2016, respectively.

NOTE K - RISK MANAGEMENT

The Hospital is insured for professional liability under a comprehensive hospital liability policy provided by an independent insurance carrier with limits of \$200,000 per occurrence up to an annual aggregate of \$600,000 for all claims made during the policy year. The Hospital is further covered by the Kansas Health Care Stabilization Fund for claims in excess of its comprehensive hospital liability policy up to \$300,000 pursuant to any one judgment or settlement against the Hospital for any one party, subject to an aggregate limitation for all judgments or settlements arising from all claims made in the policy year in the amount of \$900,000. All coverage is on a claims-made basis. The above policies have been renewed through October 15, 2018. The Hospital intends to renew this coverage on that date and is aware of no reason why such coverage would be denied at that time.

In addition to the risk disclosed elsewhere in these financial statements and notes thereto, the Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Hospital purchases commercial insurance for these risks. Settled claims have not exceeded this commercial coverage in any of the past three years.

NOTE L - SUBSEQUENT EVENTS

The Hospital obtained Rural Health Clinic (RHC) status for the independent clinic attached to the Hospital facility with an effective accreditation date of December 8, 2017. Ownership of the clinic was transferred to the Hospital in 2018.

The Hospital intends to issue \$2,200,000 in general obligation bonds for the purpose of improving, furnishing, and equipping the Hospital's facilities. On May 15, 2018, a vote was held in the Hospital's taxing district approving the issue.

NOTE M - COMMITMENTS AND CONTINGENCIES

The Hospital purchases professional and general liability insurance to cover medical malpractice and other liability claims (see Note J). No accrual for possible losses attributable to incidents that may have occurred but that have not been identified under the Hospital's incident reporting system has been made because the amount is not reasonably estimatable. Based on historical experience and present conditions, it is the opinion of management that any claims or expenses for unasserted claims related to periods prior to December 31, 2017, will have no material effect on the financial statements of the Hospital.

In June 2017, the Hospital entered into a six-year lease agreement for a CT scanner. Total cost of the CT scanner is approximately \$362,500, and lease payments during the lease terms will be \$5,865 per month. The lease interest rate is 5.16 percent. The lease agreement will be accounted for as a capital lease. The CT scanner is expected to be installed during 2018.

NOTE M - COMMITMENTS AND CONTINGENCIES - Continued

In September 2017, the Hospital signed an agreement for the installation of a cloud based patient accounting and electronic medical records system. The agreement calls for a \$20,000 onboarding fee, no fees during the first three months after the "Go-Live Date," and 6.44 percent of monthly collections beginning in the fourth month. In the month following the "Go-Live Date," a \$20,000 credit will be issued. This is a one-year agreement and will automatically extend for additional consecutive one-year terms unless terminated by either party. The "Go-Live Date" is May 1, 2018.

SUPPLEMENTARY INFORMATION

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1

D/B/A HANOVER HOSPITAL

SCHEDULE OF REVENUES, EXPENDITURES, AND CHANGES IN FUND

BALANCE - BUDGET AND ACTUAL - BUDGETARY BASIS

OPERATION AND MAINTENANCE FUND

	Original _budget	Final budget	Actual amounts budgetary basis	Variance with final budget positive (negative)
Revenues				
Net patient service revenue	\$3,514,457	\$3,514,457	\$3,688,915	\$ 174,458
Taxes	95,403	95,403	91,676	(3,727)
Other	339,808	339,808	73,775	(266,033)
Total revenues	3,949,668	3,949,668	3,854,366	(95,302)
Expenditures				
Salaries and wages	2,240,157	2,240,157	2,120,778	119,379
Employee benefits	407,200	407,200	424,126	(16,926)
Supplies and other	1,329,423	1,329,423	1,390,563	(61, 140)
Capital outlay	60,000	60,000	29,637	30,363
Total expenditures	4,036,780	4,036,780	3,965,104	71,676
Revenue over (under) expenditures	(87,112)	(87,112)	(110,738)	(23,626)
Fund balance, beginning of year	284,914	284,914	398,591	113,677
. 331				
Fund balance, end of year	\$ 197,802	\$ 197,802	\$ 287,853	\$ 90,051

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL

SCHEDULE OF PATIENT SERVICE REVENUE

	Inpatient		<u>Outpatient</u>		<u>Total</u>	
Routine service - acute Swing-bed - skilled Swing-bed - intermediate care Observation	\$	165,350 309,147 969,510 1,470	\$	243,295	\$	165,350 309,147 969,510 244,765
Nursery Operating room Anesthesiology Radiology		4,052 300 20,243		95,862 13,117 105,529		99,914 13,417 125,772
Laboratory Physical therapy Speech therapy		165,094 166,317 4,592		156,381 262,983 1,251		321,475 429,300 5,843
Occupational therapy Electrocardiology Medical supplies Pharmacy		62,210 1,430 366,813 532,646		15,309 5,070 249,957 785,761	1	77,519 6,500 616,770 .,318,407
Cardiac rehabilitation Emergency room Ambulance		1,850		47,775 114,020 91,744		47,775 115,870 91,744
Pulmonology OP professional fees		604	-	26,293	_	26,897
Gross patient service revenue	\$2	,771,628	\$2,	214,437		,986,065
Contractual adjustments Provision for bad debts, net					(1	17,374
Net patient service revenue					\$3	,688,915

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 D/B/A HANOVER HOSPITAL

SCHEDULE OF PATIENT SERVICE REVENUE

	I	Inpatient		Outpatient		Total
Routine service - acute	\$	156,450	\$	-	\$	156,450
Swing-bed - skilled	7	232,250	-		-	232,250
Swing-bed - intermediate care		967,470				967,470
Observation		4,380		113,590		117,970
Nursery		3,600		•		3,600
Operating room		8,466		88,920		97,386
Anesthesiology		4,575		6,450		11,025
Radiology		11,555		97,592		109,147
Laboratory		178,182		169,714		347,896
Physical therapy		124,965		268,160		393,125
Speech therapy				4,240		4,240
Occupational therapy		18,626		36,627		55,253
Electrocardiology		715		2,470		3,185
Medical supplies		286,620		138,232		424,852
Pharmacy		565,530		688,740		1,254,270
Cardiac rehabilitation				16,990		16,990
Emergency room		1,150		136,965		138,115
Ambulance		934		66,098		67,032
OP professional fees	_		_	360	_	360
Gross patient service revenue	\$2	,565,468	\$1	,835,148		4,400,616
Contractual adjustments						(831,271)
Provision for bad debts, net					_	(70,629)
Net patient service revenue					\$	3,498,716

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 ${\rm D/B/A\ HANOVER\ HOSPITAL}$ SCHEDULE OF OPERATING EXPENSES BY FUNCTIONAL DIVISION

<u>Department</u>	Salaries and wages	Employee benefits, supplies, and other	Depreciation and amortization	<u>Total</u>	Percent of total operating expenses
Routine service	* 020 000	å 24.004		\$ 973,883	24.35 %
Adult and pediatrics Nursery	\$ 938,999	\$ 34,884	\$ - 	383	0.01
	939,382	34,884		974,266	24.36
Ancillary services					
Operating room	45,483	11,664		57,147	1.43
Delivery room	465			465	0.01
Radiology	2,973	33,834		36,807	0.92
Laboratory	99,010	129,671		228,681	5.72
Physical therapy		281,456		281,456	7.04
Speech therapy		4,481		4,481	0.11
Occupational therapy		49,128		49,128	1.23
Electrocardiology	313			313	0.01
Medical supplies	23,079	52,399		75,478	1.89
Pharmacy	36,453	228,108		264,561	6.61
Cardiac rehabilitation	16,485			16,485	0.41
Emergency room	322,171	106,863		429,034	10.73
Ambulance	40,503	12,966		53,469	1.34
	586,935	910,570	-	1,497,505	37.45
General services					
Nursing administration	110,187			110,187	2.75
Operation of plant	73,591	93,579		167,170	4.18
Laundry	25,586	5,239		30,825	0.77
Housekeeping	41,036	9,157		50,193	1.25
Dietary	118,681	88,398		207,079	5.18
Medical records	17,732	197		17,929	0.45
Administration and general	207,648	247,384		455,032	11.38
Employee benefits	207,010	424,126		424,126	10.60
Depreciation - building		/			
and fixed equipment			41,484	41,484	1.04
Depreciation - major movable equipment			23,771	23,771	0.59
	E04 461	969 000	65,255	1,527,796	38.19
	594,461	868,080	03,255		
	\$2,120,778	\$1,813,534	\$ 65,255	\$3,999,567	100.00 %

WASHINGTON COUNTY HOSPITAL DISTRICT NO. 1 $\label{eq:def} D/B/A \ \ \mbox{HANOVER HOSPITAL}$

SCHEDULE OF OPERATING EXPENSES BY FUNCTIONAL DIVISION Year ended December 31, 2016

<u>Department</u>	Salaries and wages	Employee benefits, supplies, and other	Depreciation and amortization	<u>Total</u>	Percent of total operating expenses
Routine service			a a		
Adult and pediatrics	\$ 908,477 498	\$ 51,821	\$ -	\$ 960,298 498	24.66 % 0.01
Nursery	490	-		470	
	908,975	51,821		960,796	24.67
Ancillary services					
Operating room	43,655	12,404		56,059	1.44
Delivery room	1,575	8		1,583	0.04
Radiology	3,199	46,937		50,136	1.29
Laboratory	88,756	137,246		226,002	5.80
Physical therapy		258,217		258,217	6.63
Speech therapy		2,785		2,785	0.07
Occupational therapy		35,914		35,914	0.92
Electrocardiology	1,323			1,323	0.03
Medical supplies	21,150	59,131		80,281	2.06
Pharmacy	39,202	165,994		205,196	5.27
Cardiac rehabilitation	12,138			12,138	0.31
Emergency room	375,548	38,323		413,871	10.63
Ambulance	41,219	11,349		52,568	1.35
	627,765	768,308		1,396,073	35.85
General services					
Nursing administration	117,292			117,292	3.01
Operation of plant	77,263	104,889		182,152	4.68
Laundry	31,845	7,987		39,832	1.02
Housekeeping	45,747	10,621		56,368	1.45
Dietary	117,179	81,632		198,811	5.11
Medical records	13,348	759		14,107	0.36
Administration and general	209,519	186,903		396,422	10.18
Employee benefits		443,899		443,899	11.40
Depreciation - building					
and fixed equipment			60,569	60,569	1.56
Depreciation - major					
movable equipment		-	27,852	27,852	0.72
	612,193	836,690	88,421	1,537,304	39.48
	\$2,148,933	\$1,656,819	\$ 88,421	\$3,894,173	100.00 %